

RESERVE YOUR TICKETS SOON!

Tickets are limited and will be issued on a first-come, first-served basis.
Include a stamped, self-addressed envelope; tickets will be mailed to you.

Please state event preference:

Friday, April 12, 2002 at 7:00 pm

Saturday, April 13, 2002 at 1:00 pm

Total number of tickets _____ x \$15 each = Total \$ _____

Number of Drawing tickets _____ 6 @ \$5.00 = Total \$ _____

Total Amount Due \$ _____

Please make checks payable to the City of Gaithersburg, VISA and MasterCard are welcome.

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Credit card number _____ Exp. date _____

Signature _____

Mail order form to the City of Gaithersburg, 506 South Frederick Ave., Gaithersburg, MD 20877

Call 301-258-6350 for more information. Fax: 301-948-8364

Or visit our website at: www.ci.gaithersburg.md.us